

# PayFlex™ Flexible Spending Account Enrollment Form

☐ New Enrollment      ☐ Annual Re-enrollment      ☐ Change      ☐ Check Here if New Address

(Please Print)  
 SS# \_\_\_\_\_ Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

e-Mail Address \_\_\_\_\_ @ \_\_\_\_\_

Marital Status \_\_\_\_\_ Date of Birth \_\_\_\_\_ Hire Date \_\_\_\_\_

Employer Name Lancaster County Location \_\_\_\_\_ # of Pay Periods Annually 26

Dependent Name	Relationship	SSN	Birth Date

☐ Yes, **I wish to participate** in the PayFlex Flexible Compensation Program. I elect to contribute the amounts indicated below, during the Plan Year **January 1, 2005, through December 31, 2005**.

	Pay Period Deduction	Total Annual Deduction
1. Group Health Care Premiums (this category should include only <i>your</i> company's medical, dental, life, etc. – premiums)	\$ <u>Automatic</u>	\$ <u>Automatic</u>
2. Unreimbursed Health Care Expenses (medical, dental, vision and hearing expenses)	\$ _____	\$ _____
3. Dependent/Child Care Expenses	\$ _____	\$ _____

I agree that the amount(s) shown above as TOTAL BEFORE-TAX DOLLARS may be deducted from my salary and deposited in my Flexible Spending Account. I understand that I will be reimbursed with before-tax dollars from my account for expenses eligible under Section 125 of the Internal Revenue Code.

I understand expenses must be incurred in the same Plan Year deposits are made. Any funds left over after the close of the Plan Year will be forfeited.

I understand these elections are binding for the entire plan year listed above and may not be changed or cancelled unless I experience a change in family or employment status.

☐ I am also electing to utilize the **mbi Flex Convenience Card** to have claims paid by PayFlex from my Plan Account. I understand that by utilizing the mbi Flex Convenience Card for payment of claims that I am not authorized to exceed the amount designated in my Plan account for payment of claims. By executing this Agreement, I further understand that in the event my use of the mbi Flex Convenience Card results in a charge being paid for non-Qualified expenditures, Lancaster County is authorized to deduct from my paycheck the amounts necessary to repay any charges paid for nonqualified expenditures or claims paid in excess of my annual plan contribution.

☐ I have been offered the opportunity to enroll in the PayFlex Section 125 Plan of the Flexible Compensation, and **do not wish to enroll** at this time.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Work Phone \_\_\_\_\_

## Complete Section Below For Direct Deposit Only

### **Pre-Authorization For Direct Deposit**

☐ I authorize PayFlex Systems USA, Inc. to initiate a credit and/or debit entry to my account for my PayFlex reimbursements. This agreement is to remain in full effect until written notification is supplied by me terminating this agreement.

**“VOIDED” CHECK MUST ACCOMPANY DIRECT DEPOSIT APPLICATION.**

Name _____ (Please Print)	Social Security Number _____
Signature _____	Date _____